

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)							SERIAL NO. 09/935061		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
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48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	17		10				TOTAL DEP.						
TOTAL CLAIMS	17		12				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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